

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39147

FILED DEC 1 1949

State File No. 9994

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL 11		d. STREET ADDRESS (If rural, give location) 25 2015 S. 3rd St. 10	
3. NAME OF DECEASED a. (First) CARL b. (Middle) PASCHALL c. (Last) PASCHALL		4. DATE OF DEATH (Month) (Day) (Year) 11-18-49	
5. SEX M. A. W.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 11	8. DATE OF BIRTH May 19 1889
9. AGE (In years last birthday) 60	10. MONTHS 6	11. BIRTH PLACE (State or foreign country) N. CAROLINA	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEXTILE WEAVER	10b. KIND OF BUSINESS OR INDUSTRY TEXTILE	11. BIRTH PLACE (State or foreign country) N. CAROLINA	
13a. FATHER'S NAME THOS PASCHALL		13b. MOTHER'S MAIDEN NAME McMAHON	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ?	
16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dietrick Paschall 2015 S 3rd	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adherent Pericardium ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c) Pulmonary Congestion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 950	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 11/18/49		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 A. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Chas. Henry Dept. Comm.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 11/21/49		24a. BURIAL CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-22-49		24c. NAME OF CEMETERY OR CREMATORY St Matthews	
24d. LOCATION (City, town, or county) (State) St Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos. J. Moran 1519 So Grand	
DATE REC'D BY LOCAL REG. NOV 21 1949		REGISTRAR'S SIGNATURE J. B. Lasala	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oliver P. Padwell

Licensed Embalmer No. 4077

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.